

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		6/25/99
O.L.P.E. CLASSIFIER		8	6-30-99
FORMALITY REVIEW	RWB	70976	7-14-99
	RWB	70976	8-29-99

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral) ... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here